



Benefit Summary

	Insurance / Benefit Plan	Total Monthly Cost	Town ▪ Employee Cost Split	Town ▪ Employee Monthly Cost
Health*	Blue Cross Blue Shield/ MIIA Health Benefits Trust			
	PPO Blue Care Elect		90% ▪ 10%	
	Individual	\$694.21		\$624.79 ▪ \$69.42
	Family	\$1820.91		\$1638.82 ▪ \$182.09
	HMO Blue NE Options		90% ▪ 10%	
	Individual	\$631.56		\$568.40 ▪ \$63.16
	Family	\$1656.57		\$1490.91 ▪ \$165.66
	HMO Blue Enhanced		85% ▪ 15%	
	Individual	\$662.74		\$563.33 ▪ \$99.41
	Family	\$1738.35		\$1477.60 ▪ \$260.75
*Rates effective 7.1.15				
Life	SunLife Financial			
	Voluntary Basic \$5000 Policy	\$7.98	50% ▪ 50%	\$3.99 ▪ \$3.99
	Choice of 1 Optional Add-on	Premiums determined by Age	0% ▪ 100%	Note: Rates & Contract for FY16 still pending
	\$10,000			
	\$25,000			
	\$50,000			
\$70,000				
	Delta Dental			
Dental	PPO Plus Premier		0% ▪ 100%	Note: School Dept has separate contract through Teacher’s Union
	Individual	\$48.01		
	Family	\$122.98		
	Aflac			
Ancillary	Accident Policy	Premiums determined by Plan Selection	0% ▪ 100%	Note: S.T.Dis is deducted after-tax thereby allowing tax-free benefits
	Cancer Care			
	Hospital Plan			
	Short Term Disability			
	Benefit Strategies			
Flexible Spending	Health Care Reimbursement	Max: \$2500	0% ▪ 100%	Voluntary Elections
	Dependent Care Reimbursement	Max: \$5000	0% ▪ 100%	
Opt Out Program	Individual	\$1440	Note: Employee agrees to waive existing health coverage for upcoming Fiscal Year	
	Family	\$3600		